TH-140

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	*FOR COURT USE ONLY*
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR *(name)*:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PROGRAM OPERATOR:		
PARTICIPANT:		
PROOF OF PERSONAL SERVICE (Transitional Housing Misconduct)		CASE NUMBER:

PERSONAL SERVICE

Instructions: *After having the other party served with any of the documents identified in item 1, have the person who served the documents complete this Proof of Personal Service. Give the completed Proof of Personal Service to the clerk for filing. Complete a separate Proof of Personal Service for each participant or family unit. The program operator and its employees and the participant may* ***not*** *serve these papers.*

1. ☐ **Program operator's papers.** I served a copy of the following documents on participant *(check the box before the title of each document you served):*
   a. ☐ Order to Show Cause (Transitional Housing Misconduct)
      ☐ and Temporary Restraining Order
   b. ☐ Petition for Order Prohibiting Abuse or Program Misconduct
      ☐ and Application for Temporary Restraining Order
   c. ☐ blank Participant's Response AND a copy of the Instructions for Participants
   d. ☐ blank Attached Declaration (form MC-031) (two copies)
   e. ☐ blank Proof of Personal Service (Transitional Housing Misconduct)
   f. ☐ Order After Hearing
   g. ☐ other *(specify):*
2. ☐ **Participant's papers.** I served a copy of the following documents on program operator *(check the box before the title of each document you served):*
   a. ☐ completed Participant's Response
   b. ☐ other *(specify):*

3. I served ☐ program operator ☐ participant *(only one name):*
   by **personally delivering copies** to him or her.
   a. Date of service: b. Time of service:
   c. Place of service *(address):*

4. **Person serving.** At the time of service I was at least 18 years of age and **not a party to this lawsuit.**
   Name:
   Address:

   Telephone:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PERSON SERVING)

Form Adopted for Mandatory Use
Judicial Council of California
TH-140 [Rev. September 1, 2018]

Civil Code, § 1954.13
www.courts.ca.gov

Print this Form